



DISABILITY AND COMMUNICATION ACCESS BOARD

319 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

Dear Physician,

The State of Hawaii relies on your expertise to determine whether an individual meets any one of the medical criteria in order to qualify for a parking permit for persons with disabilities. Moreover, your role is very important to the parking program because you help to ensure that only vehicles that transport qualified individuals may park in spaces reserved for persons with disabilities. Please adhere to the **INSTRUCTIONS ON THE REVERSE SIDE OF THIS SHEET** to ensure the acceptance of the application.

Please note the following:

- A person must have a mobility impairment per Hawaii Revised Statutes, Chapter 291, Part III, and as noted on the application form. The following are examples of conditions that, taken alone, **DO NOT QUALIFY** as a basis for obtaining a permit: blindness, deafness, upper limb amputation, mental retardation, developmental disability, mental illness, learning disability, infancy, and old age.
- An infant is not eligible unless special equipment is required, which includes, but is not limited to, a wheelchair, ventilator, or portable oxygen. An infant transported in a common stroller or carried by another person without the use of special equipment is not eligible. An infant is a child below the age of one year for the parking program purposes.
- A person with a long-term disability may apply for a Four Year permit. The person's condition must be re-certified after 4 years to obtain a renewal permit, even if the disability is permanent. This is to ensure the integrity of the parking program and to minimize fraud and abuse.
- A person with a short-term disability that restricts mobility may apply for a Temporary permit, which is valid for up to 6 months. Please be as accurate as possible in stating the duration of the person's condition. If a renewal permit is necessary because the person has not recovered, a new certification of disability is required.
- Complete the entire Physician's Certification of Disability section of the application form. Otherwise, an issuing agency will not accept the application. Please note that fraudulently verifying that a person meets the eligibility criteria established by law to enable the person to obtain a permit is a petty misdemeanor.

Again, your role in ensuring the legitimacy of the parking program for qualified individuals with disabilities is very important. Should you have any questions, please feel free to contact the DCAB office at (808) 586-8121 or any of the county offices listed on the application form. Note that the application form is downloadable in pdf format from the DCAB website: www.hawaii.gov/health/dcab/. You may duplicate the form as needed. You may also contact the DCAB office for a duplicable copy.

Thank you very much for your cooperation,

The Disability and Communication Access Board

PERSON WITH A DISABILITY PARKING PERMIT APPLICATION FORM
CERTIFICATION BY LICENSED PRACTICING PHYSICIAN

INSTRUCTION SHEET

NOTE: For purposes of the parking program (Chapter 11-219, Hawaii Administrative Rules), you must be a “licensed practicing physician” to certify that the applicant meets any one of the specific disabling conditions listed under item 14 on the application form. Under §11-219-4, Hawaii Administrative Rules, a “licensed practicing physician” means a doctor of medicine, naturopathy, or osteopathy duly licensed and authorized to practice in the State of Hawaii in accordance with chapters 453, 455, and 460, Hawaii Revised Statutes. You may certify that the applicant meets any one of the specific disabling conditions if you are a physician in the United States Armed Services stationed in Hawaii. The application will not be accepted if items 14, 15, and 17 are not fully completed.

- 14. CERTIFICATION OF CONDITION.** Enter the applicant’s name in the blank space and mark the box next to any term that describes the applicant’s condition. Under category (d), “Cane” means a device that supports the individual as he or she ambulates as opposed to a device to guide a person who is blind or visually impaired. Do not add a box to the form to indicate another category or term.
- 15. DURATION OF DISABILITY.** Enter the applicant’s name in the blank space and mark the appropriate box. If the applicant has a condition that you expect will last at least four years, mark the box next to “Long-term disability.” If the applicant has a condition that you expect will have a short-term duration, mark the box under “Temporary Disability” next to the number of months the condition is expected to last. Do not add a box to the form to indicate a longer duration. If the applicant’s condition lasts beyond the number of months indicated, the applicant must reapply for a renewal parking permit.
- 16. NOT ABLE TO APPLY IN PERSON.** Mark the box only if the applicant is unable to apply in person at an issuing agency due to the applicant’s medical condition. Sign your name in the space provided.
- 17. PHYSICIAN READ CAREFULLY.** Enter the applicant’s name in the blank space provided. Enter the requested information in items a through f. This section notifies you that fraudulently verifying that an applicant meets any one of the specific disabling conditions is a violation of State of Hawaii law. It reflects the State’s serious treatment of this matter.